IPDR6702	00/07/0006		TDDG	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	: 1	
KUN DATE:	08/27/2006			ECKWRITE DATE: 08/30/2006				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	16	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		n	0					
					0	16	18	
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0					
					0	0	1	
3404910	PATHWAYS	11	321	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	1							
	+	8599	166	DETAIL NOT COVERED BY COMBINAT		1		
	1			ION OF RECIPIENT, PROVIDER AND	20	631	3650	301
				BENEFIT PACKAGE.				<b> </b>
		3412	76	PROVIDER TYPE AND SPECIALTY 07				
	1	ļ		4/113 CANNOT BILL ENHANCED				
	1	-		BENEFIT SERVICES ON OR AFTER D		<del>                                     </del>		-
3404912	CATAWBA COUNTYM	3412	59	PROVIDER TYPE AND SPECIALTY 07				
	ENTAL HEALT			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8621	31	60 RESIDENTIAL LEVEL III TREAT	0	128	856	72
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				TON INDITIONING UNIVIOUS.				
		8622	30	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404913								
3404913	MECKLENBURG COM	11	466	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			DATE				
		143	52	CLIENT ID NUMBER NOT ON STATE	5	584	1038	45
				ELIGIBILITY FILE				
		8599	43	DETAIL NOT COVERED BY COMBINAT				
		0333		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	21	71	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL					<b>—</b>		
	1	1				<del>                                     </del>		
	1	79	70	THIS SERVICE IS NOT PAYABLE TO	0	254	3186	293
	1			YOUR SUBMITTED BILLING	0	234	2100	293
				PROVIDER TYPE AND SPECIALTY IN				
	1	191	46	CLIENT ID NUMBER DOES NOT MATC				
	+	1		H PATIENT NAME		<del>                                     </del>		
	+					<del>                                     </del>		
3404917	CENTERPOINT HUM	21	398	DUPLICATE OF CLAIM-SYSTEM		1		
	AN SERVICES							
	1							
	1	8599	368	DETAIL NOT COVERED BY COMPINIST				
	1	8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	63	1451	3130	167
	+	1		BENEFIT PACKAGE.		<del>                                     </del>		-
	1							
		11	183	CLIENT NOT ELIGIBLE ON SERVICE				
	1			DATE				
3404918	1	0	0	*** NO DATA TO REPORT ***		1		
~404310	ROCKINGHAM CO M ENTAL HEALT	_		MO DATA TO REPORT		<del>                                     </del>		
	DINTAL HEADT					<del>                                     </del>		
		0	0		0	0	0	
	1	ļ						
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				T		1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	11	128	CLIENT NOT ELIGIBLE ON SERVICE				
	TAL HEALTHC			DATE				
		8599	4	DETAIL NOT COVERED BY COMBINAT	0	132	158	24
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	21	5158	DUPLICATE OF CLAIM-SYSTEM				
	L AREA MH D							
		79	226	THIS SERVICE IS NOT PAYABLE TO	15	5692	6860	116
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		0500	4.7.6					
		8599	176	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404021		1.1	1005	OLITHWE NOW BLIGGINGS ON ORDUITOR				
3404921	ORANGE PERSON C	11	1825	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA	1	1	DATE	1	+		
	+	1	1		1	+		
	+	2411	212	DECUTION TYPE AND CRECIATES AT	1	+		
	-	3411	213	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED	31	2490	4080	159
	-		1	#/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	-	-		
	-		1	DENELLI SERVICES ON OR AFTER D	-	-		
	-	8599	94	DETAIL NOT COVERED BY COMBINAT	-	-		
	<del> </del>			ION OF RECIPIENT, PROVIDER AND	<b>I</b>	1		-
	<del> </del>		1	BENEFIT PACKAGE.	<b>I</b>	1		-
	<del> </del>		1	- Individu	<b>I</b>	1		-
3404922	mun punusu anum	11	76	CLIENT NOT ELIGIBLE ON SERVICE				
3404322	THE DURHAM CENT		, ,	DATE				
	ER			DATE DE				
	+							
	+	8599	2	DETAIL NOT COVERED BY COMBINAT	0	78	78	
	+			ION OF RECIPIENT, PROVIDER AND	0	/0	/0	-
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	21	948	DUPLICATE OF CLAIM-SYSTEM				
	FIVE COUNTY PAR							
		11	631	CLIENT NOT ELIGIBLE ON SERVICE	0	2031	2891	860
				DATE				
		8599	277	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8599	219	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	164	CLIENT NOT ELIGIBLE ON SERVICE	31	745	3411	266
				DATE				
		3411	107	PROVIDER TYPE AND SPECIALTY 07				
			1	4/113 CANNOT BILL ENHANCED		1		
				BENEFIT SERVICES ON OR AFTER D				
2404005		0.4	500	DUDY TOTAL OF OTATA OVOICE.				
3404926	SOUTHEASTERN RE	21	506	DUPLICATE OF CLAIM-SYSTEM	<b></b>	1		
	G MENTAL HL							
ı	1	11	452	OVERNOON BY LOADING ON COMMON				
			457	CLIENT NOT ELIGIBLE ON SERVICE	1 2	1088	2615	152
		11			-			
		11		DATE				
				DATE	-			
			C1					
		8534	61	SERVICE FACILITY LOCATION IS N				
			61	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	-			
			61	SERVICE FACILITY LOCATION IS N	for the state of t			
3404927		8534		SERVICE FACILITY LOCATION IS N OF A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F	The state of the s			
3404927	CUMBERLAND CO M		61	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F 60 RESIDENTIAL LEVEL II TREATM	A.			
3404927	CUMBERLAND CO M	8534		SERVICE FACILITY LOCATION IS N OT A VALID IFRS ATTERDING FROVIDER, PLEASE VERIFY THE F FOO RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				
3404927		8534		SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F 60 RESIDENTIAL LEVEL II TREATM				
3404927		8534	55	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING FROVIDER. PLEASE VERIFY THE F 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404927		8534		SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTERDING PROVIDER. PLEASE VERIFY THE F OR RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.  DIAGNOSIS OR SERVICE INVALID F	0	93	143	5
3404927		8534	55	SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0		143	5
3404927		8534	55	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTERDING PROVIDER. PLEASE VERIFY THE F OR RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.  DIAGNOSIS OR SERVICE INVALID F	0		143	5
3404927		8534 8622	55	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVE, PA IS REQUIRED FOR ADDITIONAL SERVICE.  DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0		143	5
3404927		8534	55	SERVICE FACILITY LOCATION IS N OT A VALID IFRS ATTENDING FROUTER, FLEASE VERIFY THE F  60 RESIDENTIAL LEVEL IT TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.  DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, FROCEDURE CODE FOR  CLIENT ID NUMBER MISSING OR IN	0		143	5
3404927		8534 8622	55	SERVICE FACILITY LOCATION IS N OT A VALID IFRS ATTERDING PROVIDER, PLEASE VERIFY THE F OR RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT ID NUMBER MISSING OR IN VALID. ENTERE CID AND SUMMIT	0		143	5
3404927		8534 8622	55	SERVICE FACILITY LOCATION IS N OT A VALID IFRS ATTENDING FROUTER, FLEASE VERIFY THE F  60 RESIDENTIAL LEVEL IT TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.  DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, FROCEDURE CODE FOR  CLIENT ID NUMBER MISSING OR IN	0		143	5

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
			_					
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	
3404930	JOHNSTON COUNTY	8599	92	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE	18	138	1136	99
				RVICES IN IPRS.				
		10	8	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC	8599	207	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	187	CLIENT ID NUMBER DOES NOT MATC	6	717	11980	1126
				H PATIENT NAME				
		120	98	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT		İ		
				AS A NEW CLAIM		İ		
3404933	SOUTHEASTERN CT	8599	45	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	32	CLIENT ID NUMBER MISSING OR IN	7	121	3630	350
				VALID. ENTER CID AND SUBMIT			3030	330
				AS A NEW CLAIM				
		8952	14	CLAIM DENIED DUE TO AGE RESTRI				-
				CTIONS FOR TARGET POPULATION				-
3404934		11	22	CLIENT NOT ELIGIBLE ON SERVICE				
3404334	ONSLOW CARTERET	11	7.7					
	BEHAV HEAL			DATE				
		143	62	CLIENT ID NUMBER NOT ON STATE	0	268	590	32
				ELIGIBILITY FILE				
		8599	60	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	1							
	1	0	0		0	0	0	
	1				,	, , , , , , , , , , , , , , , , , , ,	ľ	
								t
3404936	WILSON-GREENE M	8599	2	DETAIL NOT COVERED BY COMBINAT				<del>                                     </del>
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				<del>                                     </del>
				BENEFIT PACKAGE.				<del>                                     </del>
	1							t
	+	8931	2	AMTNC INELIGIBLE TO RECEIVE SE	2	_	110	10
	1			RVICES IN IPRS.		ь	110	10
	1			**				<del>                                     </del>
	1	-						<del>                                     </del>
	+	8952	1	CLAIM DENIED DUE TO AGE RESTRI				-
	+			CTIONS FOR TARGET POPULATION				-
	+							-
	1							1
3404937	<del> </del>	21	12	DUPLICATE OF CLAIM-SYSTEM				-
J40493/	EDGECOMBE NASH	21	14	DOFDICATE OF CDAIM-SISTEM				
	MNTL HLTH C							
		79	4	THIS SERVICE IS NOT PAYABLE TO	0	19	259	24
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN	-			
		8534	3	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F		İ		
						İ		

	TOTAL CLAIMS PAID								
PROFILEM NORS   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POP   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POP   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POP   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POPE   POP   POPE   POP   POPE   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   POP   PO				marc		NUMBER OF	HIGH DENIAL		PROVIDER
100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	PAID				DESCRIPTION			DROUTERS VIVE	
ALTS CONTEX.  377  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IN CONTEXE CONTEXES FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IN CONTEXE CONTEXES FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IN CONTEXE OF CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CON		FINALIZED	DENIALS	DENTALS		-		PROVIDER NAME	
ALTS CONTEX.  377  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IN CONTEXE CONTEXES FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IN CONTEXE CONTEXES FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IS NOT CONTEXED FOR T  1 PROTECTION IN CONTEXE OF CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CONTEXE FOR T  1 PROTECTION IS NOT CON					CLIENT ID NUMBER DOES NOT MATC	2	191	MEDSE MENTAL HE	3404939
1									
	1							IIIII CINTIII	
NEED AND CONTROLS	09 40	409	5	0	PROCEDURE IS NOT COVERED FOR T	1	537		
					HIS DATE OF SERVICE				
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